

OCCUPATIONAL TAX CERTIFICATE APPLICATION

Office Use Only	
Certificate #: _____	Pending items required prior to issuance: _____ Police _____ Fire _____ Health Dept. _____ State License _____ Drivers License _____ C.O. _____ H.O.P. _____ other
Map/Parcel #: _____ Zone _____	
Zoning: Approved _____ Denied _____ By: _____ Date: _____	
Reason: _____	

NAME OF BUSINESS _____

DESCRIPTION OF BUSINESS _____

STREET ADDRESS OF BUSINESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS OF BUSINESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX# _____

PLEASE PRINT NAME OF OWNER/MANAGER _____

**IF YOUR OCCUPATION IS REQUIRED TO BE LICENSED BY THE STATE, WE REQUIRE
A COPY OF THE STATE LICENSE IN ORDER TO PROCESS YOUR APPLICATION**

STATE LICENSE # AND EXPIRATION DATE (if applicable)

Number of employees including self: _____	x \$10.00	= \$ _____
	x \$ 5.00 (after July 1)	= \$ _____
Administrative Fee.....		= \$ 60.00
Total Amount Due.....		= \$ _____

If your property is not zoned commercial, your business is considered a Home Occupation.
Home Occupation _____ Yes _____ No

****If you check yes complete the Home Occupation
Compliance Questionnaire on the reverse side of this form.**

I hereby verify that the information on this application is true, and no false or fraudulent information is made herein to obtain this business tax certificate. I understand that I must comply with all county regulations and I hereby agree to provide required clearance(s) or inspection(s) reports prior to issuance of a tax certificate.

SIGNATURE OF APPLICANT

DATE

Home Occupation Compliance Questionnaire:

Applicants Name: _____

Applicants Address: _____

Phone # of Applicant: _____ Phone # of Business: _____

Type of Business: _____

Description of Business: _____

Property Acreage: _____ Do you live at the above address? _____

Number of employees that reside in the home (including self): _____

Will any employees (not living in home) come to home for business purposes: _____

If yes, explain: _____

Percent of Home floor area to be used for business: _____

List any equipment or supplies stored on the property and location in which they will be stored:

Will any part of business be conducted anywhere on property other than House or attached garage: _____ If yes explain _____

List any vehicles (year, make, model) used for this business or employee vehicles and where they will be parked on the property: _____

Will there be any outdoor signage on property? _____

If yes, explain: _____

Will there be any customer contact at this home location: _____

If yes, explain: _____

I hereby certify that I have received a copy of Article 6 Part 1 Home Occupation Regulations and will comply with all applicable rules. I understand that if my business ceases to adhere to those regulations, I would be subject to code enforcement action and possible revocation of my occupational tax certificate (business license).

Signature

Date

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Map/Parcel #: _____ Zone: _____ Occupation Tax Certificate
#: _____

This home occupation has been _____ approved _____ denied with the above
listed information.

Reason: _____

Signature

Date

